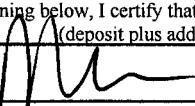


AO 435 (Rev. 03/08)		Administrative Office of the United States Courts			FOR COURT USE ONLY <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>						
<i>Please Read Instructions:</i>						
1. NAME Nicole Erb			2. PHONE NUMBER (202) 626-3694		3. DATE 1/21/2010	
4. MAILING ADDRESS 701 Thirteenth Street NW			5. CITY Washington		6. STATE DC	7. ZIP CODE 20005
8. CASE NUMBER 00-105		9. JUDGE David L. Martin		DATES OF PROCEEDINGS 10. FROM 1/13/2010 11. TO 1/13/2010		
12. CASE NAME Ungar v. Palestinian Auth.			LOCATION OF PROCEEDINGS 13. CITY Providence 14. STATE RI			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER						
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Entire Proceeding		1/13/2010
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		<b>RECEIVED</b>	
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		FEB 01 2010	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		U.S. DISTRICT COURT	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			DISTRICT OF RI.	
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00	
18. SIGNATURE 				PROCESSED BY		
19. DATE 1/22/2010				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00	

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